

Camp Nyoda

Consent for Administration of Discretionary Medications

Dear Parent or Guardian:

This is a consent form for the administration of nonprescription medications which will be available for all campers. These are to alleviate your daughter's minor discomforts and keep her comfortable while away from home. Discretionary medications will be dispensed by the nurse and are for occasional use only. For families interested in alternatives to nonprescription medication we have available therapeutic grade essential oils for occasional topical use only. If your daughter requires any prescription or nonprescription medication on a regular basis, you must obtain a written order from a health care provider and supply the medications.

Consent for Administration of Discretionary Medications
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Name _____ Birth Date _____

Medication Allergies/Sensitivities _____

Medical /Health Information _____

_____ **I do not wish the nurse to give any medication to my daughter while at camp.**

**I give permission for my child _____
to receive any medication listed below as deemed necessary by the Camp Nurse or her
designee. I understand that generic equivalent medications may be used.**

I approve the following medications in age appropriate doses:

___ Acetaminophen (like Tylenol) ___ Ibuprofen (like Advil) ___ Naproxen

___ Stomach relief (like Tums, Pepto Bismol) ___ Diphenhydramine (like Benadryl)

___ Cold Remedies (like Sudafed, Tylenol Cold, Dayquil, Nyquil)

___ Cough Remedies (like Robitussin, Cough drops) ___ Sore Throat/Cough Lozenges

___ Eye drops (like Visine) ___ Swimmer's Ear prevention drops (like Burough's Solution)

I approve the following therapeutic essential oils for topical use only:

___ headaches (like peppermint) ___ muscle aches (like panaway, deep relief) ___ sunburn (like lavender)

___ Bug bites, bug repellent (like purification blend)

I understand further that basic first aid will be given to my daughter to clean and bandage minor cuts, scratches, insect bites, splinters and other small injuries.

Signature of Parent

Date

Phone